

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) BIC-1/1499								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of KONETZKI, Ingo et al.</td> </tr> <tr> <td style="padding: 2px;">Application Number 10/826,048</td> <td style="padding: 2px;">Filed March 16, 2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For LONG-ACTING DRUG COMBINATIONS FOR THE TREATMENT OF RESPIRATORY COMPLAINTS</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1616</td> <td style="padding: 2px;">Examiner Konata M. George</td> </tr> </table>			In re Application of KONETZKI, Ingo et al.		Application Number 10/826,048	Filed March 16, 2004	For LONG-ACTING DRUG COMBINATIONS FOR THE TREATMENT OF RESPIRATORY COMPLAINTS		Group Art Unit 1616	Examiner Konata M. George
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>January 12, 2007</u>, rejecting the following claims: <u>1-7</u>.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3402</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the _____ /John A. Sopp/ Signature</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> attorney or agent of record. _____ John A. Sopp, Reg. No. 33,103 Typed or printed name</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____.</p> <p style="text-align: right;">_____ July 12, 2007 Date</p>										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>										
<p><input checked="" type="checkbox"/> *Total of 2 forms are submitted.</p>										